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ABSTRACT

The Family Life Education project in Fiji began in 1985 to deal with the problem of a high percentage of illegitimate births among teenage girls and a high incidence of sexually transmitted diseases. The project also hoped to foster the development of understanding and responsible attitudes and moral values in relation to sexual development and relationships on the part of students and parents. The program was established by gaining parental and community support, developing curriculum and instructional materials, training teachers, and then introducing family life education into 104 secondary schools in Fiji. AIDS (Acquired Immune Deficiency Syndrome) education and alcohol/drug abuse education were integrated into the family life program. A 45-minute video program, titled "TALANOA," was produced to stimulate discussion on sex, abortion, family planning, sexually transmitted diseases, and boy-girl relationships. The family life course is optional, with the expectation that it will be made compulsory in the near future. Anecdotal evidence of the program's impact is cited, and lessons learned in the areas of program development, materials development, teacher training, and program evaluation are highlighted. (JDD)

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Lessons Learned Series in Population Education and Communication

THE FAMILY LIFE EDUCATION PROJECT IN FIJI : A CASE STUDY

by Dr. Allan Kondo

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Lessons Learned Series in Population Education and Communication

Experiences in the implementation of UNFPA-funded and UNESCO-assisted population education projects/programmes are plentiful, some spanning 10 to 20 years. The wealth of experiences provides the countries with both successful and cost-effective strategies/models that could be replicated or adapted as well as discussions of what went wrong and what pitfalls to be avoided. Some of these experiences are documented, some are not, unfortunately. Very often, those experiences that had been documented remain bottled up in files.

The UNESCO Regional Clearing House for Population Education has embarked on a system of locating and identifying these documented experiences in order to repackage, reprint and disseminate them in this reprint series form. Hopefully, this Series will be able to share with countries the many lessons that could be learned from each other with regard to the management and implementation of population education and communication programmes/activities, with the end in view of cutting short the time, effort and expenses that will be required in undertaking activities that will otherwise only re-invent the wheel, so to speak.

Let us share your experiences in managing and implementing your population education and communication programmes and activities with others who will greatly benefit from them. This Series will become a continuing one with your help. We will welcome contributions from you for publication with proper credit due you. The focus could be the whole programme or just an activity like training, co-curricular activity, teaching, use of new teaching method, etc. The most salient points should be included: why the programme/activity was carried out, objectives, strategies/techniques for implementing the activity, inputs or resources used for its implementation, outputs/achievements gained, problems met in implementing this activity, how these problems were overcome and lessons learned, highlighting how the activity succeeded and why or what went wrong and why.

This first series acknowledges with thanks the contribution made by Dr. Allan Kondo, UNESCO Regional Adviser for Population Education in the Pacific. In Dr. Kondo's case study, he highlighted clearly the elements of success and lessons learned from the planning and implementation of the seven-year Family Life Education Project in Fiji.

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THE FAMILY LIFE EDUCATION PROJECT IN FIJI: A CASE STUDY

Background

"TEEN MOTHERS BABY SHOCK" blared the headlines in the Fiji Times on June 27, 1984. The major news story of the day was the disclosure by Dr. Aprodicio Laquian, then the UNFPA Deputy Representative and Senior Adviser on Population in the South Pacific, of figures from the largest hospital in Fiji on teen pregnancies, the high level of illegitimate births, and sexually transmitted diseases over an 18-month period:

1. Of 7,093 births during the period from January 1982 to June 1983, 952 or 13.4 per cent were to mothers below 19 years of age.

2. Of the 952 births to teenage mothers, 46.7 per cent were illegitimate.

3. Of the 7,093 mothers studied, 4 per cent suffered from STD.

4. Sixty-eight per cent of mothers suffering from STD bore illegitimate children.

The alarm from the disclosure prompted an editorial in the same newspaper suggesting a need for a change in attitude regarding sex education in schools, stating that ignorance was largely to blame for the high percentage of illegitimate births among teenage girls and in the incidence of STDs. Suddenly, the findings became a national problem, previously unacknowledged because "sex" was a taboo subject and usually not discussed among family and relatives, or in public. Subsequently, the Minister of Education himself questioned publicly whether the education system was contributing adequately towards the resolution of important social issues. Further discussions were held on the need for family life education in schools, including a comprehensive programme encompassing human relationships, cultural and religious values, and of course, sex education, to

address the concerns described, as well as other problems such as rape, wife-bashing, abandonment and abuse, abortion, school drop-outs, divorce, drug abuse, etc., which were increasing in Fiji. (Up until that point, a unit on human reproduction was included in Form 5 Biological Science, but only a fraction of students reached that level or opted for Biological Science.) As a result, a proposal was submitted to UNFPA, and the Family Life Education project was approved in July 1985, with UNESCO as the executing agency. A full-time civil servant (Education Officer) was assigned to co-ordinate the project.

Thus, was born the Family Life Education project in Fiji, which is still on-going.

Purpose/Objectives

The major long-term objective of the project is to help reduce the incidence of adolescent pregnancies and unwanted births, sexually transmitted diseases, and psychological stress. In addition, to foster the development of understanding and responsible attitudes and moral values in relation to sexual development and relationships on the part of students and parents.

The main immediate objective is to establish a family life education programme in Fiji secondary schools so that all teenage secondary school students will have been exposed to family life and sex education during their tenure at secondary school. While not explicitly stated, it is expected that family life education will lead to desirable changes in attitude and behaviour related to family life/population issues, including family planning.

Furthermore, while Fiji does not have a national population programme as such, the project can be viewed as a vital contributor to the achievement of Fiji's Development Plan 9 (1986-1990). For example, DP9 states:

> " Given the need to cope with rapid social change, teenage secondary school students will be exposed to programmes dealing with family life values." And, "Sex education must be extended to secondary schools to educate the young, sexually active teenagers and motivate other interested groups like the PTAs to supplement preventive measures."

Family life education in schools would also provide a rationale for family planning and thus contribute to achieving population growth targets as specified in DP9.

Approach and Strategy

The general strategy used to achieve the immediate objective was to gain parental and community support, develop curriculum and instructional materials in family life education, train teachers, and introduce family life education into all secondary schools in Fiji. However, due to the "overloaded curriculum" and time constraints, family life education was offered as an optional "core" subject (along with subjects such as religious education and computer education) in the secondary schools in Fiji, and at present, 104 schools out of a total of 141 secondary schools have opted for the programme.

The project began by organizing a series of nine seminars throughout the country to survey opinions of principals, teachers, and parents, to discuss the proposed programme, and to gain their support. These seminars showed overwhelming support for the introduction of family life education into Fiji's secondary schools. Subsequently, during the course of the project, several more PTA meetings were held, resulting in further support in individual communities. In fact, many parents requested family life education for themselves before introducing it into the schools for their children. In addition, several radio programmes for teachers, parents and housewives were broadcast to increase awareness to and support for the programme.

The task of curriculum and instructional materials development began with a two-week workshop of eight key individuals representing teachers, curriculum developers, parents, and religious leaders from all major racial groups in Fiji. In the workshop, the group formulated the goals and objectives and identified the content (a scope and sequence) of family life education for Forms 3 and 4 (Classes 9 and 10). The wide diversity of opinions, especially on the sensitive area of sex education, resulted in much spirited discussion, and most decisions were made by consensus. Writing of teaching materials based on the curriculum outline commenced in January 1986, again with a committee. Teacher's guides were produced, with some flexibility to accommodate differences between rural and urban schools and schools with different religious orientations. Initially, 45 schools were selected as "pilot schools" to try out the materials and learn how best to introduce the subject, including developing parental support. In addition, the project produced a 45-minute video programme, "TALANOA", to stimulate discussion of matters related to sex, such as teen sex, abortion, family planning, STDs, and boy-girl relationships, by school students.

After completion of the Form 3 and 4 teaching guides, those for Form 5 and 6 (Classes 11 and 12) were developed. The latter include lessons on emerging concerns like AIDS/STD, and alcohol and drug abuse, and are currently being tried out in all schools teaching family life education. The inclusion of AIDS prevention education, adapted from materials produced by a regional WHO/UNESCO project, as part of the family life education programme, has given a boost to the programme, as the Ministry of Education is now considering a decision to make family life education a compulsory subject for all secondary schools to ensure that all secondary school students will be given instruction in AIDS prevention. (Several cases of AIDS/HIV infection have been reported in Fiji.)

Before the subject of family life education was taught in schools opting for it, week-long in-service training courses were provided for teachers who were assigned or who volunteered to teach it in different districts. These courses covered the wide spectrum of topics covered in the programme, including family planning, and a wide variety of resource persons was utilized. In addition, meetings/workshops were held for religious leaders and other non-government organizations to create an awareness of family life education and to provide a forum for exchange of ideas and experiences, as well as to gain support for school family life education. Support from parents, teachers, principals, religious and other leaders has generally been very positive.

Results/Outputs

To date, the project has accomplished the following:

1. Family life education is now being taught in 104 out of 141 secondary schools in Fiji, as an optional subject, with the expectation that it will be made compulsory in the near future.

2. One hundred forty-four (144) teachers have been trained.

3. The subject has been established (institutionalized), along with the post of family life education specialist (project co-ordinator) in the Curriculum Development Unit, Ministry of Education. (A teacher was posted to the project as a second full-time person on the project but had to return to teaching after a few months due to a shortage of biology teachers in a school.)

4. Family life education teacher's guides and other materials such as brochures have been developed, printed and distributed to the 104 schools teaching the subject.

5. AIDS education and alcohol/drug abuse education have been integrated into the family life education programme.

6. The video programme, "TALANOA", as well as other video tapes on AIDS, STDs and Family Planning have been distributed to the schools.

Although no formal, large-scale evaluation has been undertaken to assess the impact of the programme, there have been many anectdotal accounts of the effect of the programme from various sources. For example:

1. The principal of a large urban school observed that although family life education has been offered only for a few years, the incidence of students becoming pregnant has dropped.

2. Another principal wrote to the project co-ordinator to thank him for involving the school, saying that the course has been extremely valuable, not only for the information it imparts but for introducing the relevant topics for discussion by students. He indicated that the students, even those who are usually reticent, have "opened up".

3. In the PTA meetings, both parents and teachers have indicated that communication with their children (students) has improved after the course.

4. The doctor in charge of the STD clinic in Suva has noted that more students, many of whom took the family life education course in school, are now coming in for check-ups, rather than waiting until obvious symptoms develop. (While this fact says nothing about the influence on students' sexual behaviour, it does indicate that students are becoming more aware of the dangers of STDs, benefits of early detection, and services available.)

Lessons Learned

By all accounts, the project has been quite successful in establishing a potentially controversial subject, family life education, into most of the secondary schools in Fiji, even if its impact on teen pregnancies, STDs, etc., is difficult to assess at this point. An analysis of the experiences of the project reveals several important factors which have contributed to this perceived success and which could be significant in similar endeavours. These "lessons learned" are highlighted below:

1. Establishing Family Life Education Programmes

a) The media can be very powerful forces in influencing Government action and public opinion. In a country like Fiji, even without television (or because of its absence), news over the radio and articles and letters to the editor in the newspaper can stimulate responses, if not positive action, on social issues from the Government. Hence, publicizing population-related problems and issues may be a key to creating awareness and even stimulating action, as has happened in the establishment of school family life education in Fiji.

b) Labels and terms which arouse controversy should, where possible, be avoided to prevent objections and obstacles. Often, the use of certain labels immediately conjures up in people's minds very negative (and prejudicial) responses, contrary to the message or concept intended. "Sex education" is one of them. Initially, the draft project document and school subject to be introduced was called, "Sex Education", but this was wisely changed to "Family Life Education". In any case, sex education is only a part of the course/programme, and the term, "Family Life Education", is a more comprehensive, appropriate and accurate label for the content of the programme, and much more acceptable.

c) Consultation and communication with parents, school personnel, and community, including religious leaders, should be planned before embarking on a family life education programme or project. This is a very important factor in gaining support for the teaching of potentially controversial and sensitive issues. For example, it was important to inform parents that one basic assumption made by the programme is that it is better to wait until marriage to have sex, and that the programme is not encouraging students to have sex just because they are learning about it. The general lack of opposition to the programme can largely be attributed to the fact that the project could see the benefits of involving and informing the community through seminars at the start of the project (or could imagine the potential effect of not informing the parents).

d) Full-time civil service or project post(s) to co-ordinate the project/programme activities, preferably connected to the Curriculum Development Unit should be established. Without a full-time co-ordinator, it would have been very difficult to achieve very much, which is the case in another country.

e) An incentive for schools which so far have not opted for family life education to do so, would be the inclusion of questions from family life education in national examinations. A small start has been made: with the collaboration of the biology specialist at the Curriculum Development Unit, questions on AIDS and STDs have now been included in the biology examination.

2. Curriculum and Instructional Materials Development

a) A variety of personnel, including parents, church leaders, teachers, and curriculum developers bring diverse ideas to the curriculum development process and wider support in relation to the goals of family life education and topics to be included.

b) Rather than being supplied a curriculum guide and general suggestions for teaching (which is what teachers have in most other subjects), the family life education teachers have very much appreciated very specific lesson plans, giving background information, directions, questions to ask, examples, materials to use, etc., especially in a new subject like family life education.

c) A variety of teaching/learning materials have made the course interesting, in addition to methodologies such as group work. For example, the video, "TALANOA", which shows groups of secondary school students from Fiji discussing and expressing their opinions on a variety of sensitive topics dealing with sex, have served to likewise stimulate student discussions in class. Seeing their peers (on video) discussing topics without embarassment makes the students in class less inhibited.

d) Integration of emerging concerns and problems like AIDS and drug abuse gives a sense of urgency and added importance to family life education.

e) Trial testing is important not only in formative evaluation to improve the system and instructional materials, but in also learning how to gain parental and community support for the programme. In addition, the reaction from the students themselves (the target group) could provide further support by influencing opinions of parents and others, including principals.

3. Teachers and Teacher Training

a) Teachers should be carefully selected to teach family life education. Only those who have good rapport with students and who can communicate with them with ease on sensitive topics should be selected by the principal. It has been found that those who volunteer to teach the subject generally possess these qualities.

b) There should be a balance of instruction through expository means (e.g., through resource persons) and participatory methods and activities in teacher training. In addition to acquiring new and relevant knowledge, teachers should be involved in activities to sensitize them to listen to student concerns and to be able to communicate without embarassment themselves. A teacher who went through a teacher training programme and was teaching family life education in a school commented that she was now able to talk to her own son about sexuality issues, whereas she was not able to previously. Also, when the topic is sex, little should be assumed, just because the in-service course is for teachers, e.g., in one instance at least, some teachers could not identify a condom when shown one, i.e. they had never seen a real condom before.

c) Teacher training courses should be followed up with periodic meetings after the teachers begin their teaching in order to exchange experiences. Alternatively, or in addition, the project co-ordinator should visit teachers in their schools, which also provides moral support. If possible, principals should also be involved in teacher-training courses, so that they are aware of what family life education is all about, suggested methods of teaching, etc. For example, in some cases, group work is not possible in small classrooms, and students might have to go outdoors, which principals might question if uninformed.

d) In some schools, where as part of their staff development efforts, all teachers participated in an orientation to family life education and went through the materials, support for the programme increased. In addition, it was felt that all teachers now were better able to attend to family life concerns of their students, even if they were not teaching the course. Hence, school-based training for all teachers is recommended.

4. Evaluation

Formal evaluation of the impact of the programme has been a weak point in the project. One main reason is that other school programmes are not evaluated, and hence, little thought was given to evaluation. In addition, there is a lack of technical expertise in the system. However, the project has made plans to conduct more formal evaluative research studies of the impact of the project on the target groups. In future projects, plans for evaluation should be programmed, along with the necessary budgetary provisions for its conduct.

Institutionalization

The success of the project in marshalling parental and community support for family life education, the materials produced and results obtained, along with the awareness of the social problems school family life education is attempting to address, have led to the institutionalization of family life education in the Fiji school system. It is expected that the subject will be made compulsory in all secondary schools in due course. (This is in stark contrast to the situation in another Pacific Island country which has met objections from church groups to introduce family life education into schools, which has retarded significantly the progress of the project.)

Based on this success, the Ministry of Education now has plans to extend family life education to the lower secondary levels, i.e., Forms 1 and 2 (Classes 7 and 8) and in addition, to develop and establish a family life education programme for parents and community as requested by many parents.

Conclusion

While the social problems related to family life and sex are still prevalent in Fiji, a good start has been made to address these issues through school family life education, with the ultimate goal of reducing teen pregnancies, unwanted births, sexually transmitted diseases, and psychological stress related to family life. Mr. Kaminieli Tagica, family life education project co-ordinator, comments: " We're geeting there, thanks to UNFPA, UNESCO, and the Fiji Government, and through the project, we hope to establish a permanent school-home-community partnership in family life education."

There is still much to do.